PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

CLAIMS AS FILED - PART I								SMALL E	YTITN		OTHE	RTHAN
],	·		· (Colum	(Column 1) (Colum			1	TYPE [OR	SMALL	EKTITY
TOTAL CLAIMS					·		·	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	395.00	OR	BASIC FEE	790.00
Ţ	OTAL CHARGE	ABLE CLAIMS	minus 20= *					X\$25		OR	X501=	
IN	DEPENDENT C	LAIMS	ninus 3 =			-		X top=		OR	×200=	
Mi	JÚTIPLE DEPE	NDENT CLAIM F	RESENT					+150=		OR	+300=	†
* (the difference	e in column 1 is	less than zero, enter "0" in column 2				i	TOTAL		OR	ــــــــــــــــــــــــــــــــــــــ	
	CLAIMS AS AMENDED - PART II										OTHER	THAN
_		(Column 1)		(Column 2) (Column 3)				SMALL	ENTITY	OR		ENTITY
AMENDMENTA	1/7/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	er USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	. 40	Minus	ئے ۔۔	8	=	X25 =	X5=		OR	X\$50=	
AME	Independent	NTICTION OF M	Minus	and C	3	=/	·	X140 : /		OR	X200=	
<u></u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		OŖ	4360=	
								TOTAL COOT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)										
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIOUS PAID F	ER USLY	PRESENT EXTRA		FATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	##		=		×25=		OR	X\${\dot{0}=	
ME	Independent	*	Minus	### 		=	ì	×100=		OR	X200=	
5	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									UH		
				•		1. 19		+150=		OR	+300=	
								TOTAL DOT, FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C	·	CLAIMS REMAINING AFTER - AMENOMENT		HIGHE NUMBI PREVIOU PAID FI	st er <i>J</i> sly	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	*	Minus	##		=	\prod	X251=		OR	X\$50=	
ME	Independent	•	Minus	***	\cdot	÷ .		×100 =		OR	X200:	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						•			. 1		
	I the eater to esti-	L	+150=		OR	+300=						
1	* If the entry in column 1 is less than the entry in column 2, write "O" in column 3. * If the "Highest Number Previously Paid Fox" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid Fox" IN THIS SPACE is less than 3, enter "20." ***If the "Highest Number Previously Paid Fox" IN THIS SPACE is less than 3, enter "20."										TOTAL DOIT, FEE	
The Highest Number Previously Paid For IN THIS SPACE is less than 3, enter The Highest Number Previously Paid For Clotal or Independent) is the highest in the found in the appropriate box in optime 1.												